DIRECT BILLING POLICY

1. Purpose of Direct Billing

Our clinic offers direct billing as a convenience to patients who have extended health insurance coverage that permits chiropractic services to be submitted directly to their insurance provider.

Direct billing is provided as an administrative convenience and **does not guarantee that an insurance company will approve, reimburse, or pay for any service**.

Insurance coverage is a contract between the patient and their insurance provider. The clinic is not responsible for determining the patient's eligibility, coverage limits, exclusions, deductibles, co-payments, or remaining annual benefits.

Patients are responsible for understanding their insurance plan and confirming that chiropractic services are covered under their policy.

2. Patient Responsibility for Payment

The patient remains ultimately responsible for all fees for chiropractic services provided.

If an insurance company:

- denies a claim;
- pays only part of a claim;
- determines that a service is not covered;
- determines that the patient's annual maximum has been reached;
- applies a deductible or co-payment;
- reverses or recovers a previously paid claim;
- delays payment;
- refuses direct billing;
- requires additional information or documentation; or
- determines that the claim was submitted incorrectly or was not eligible,

the patient is responsible for paying any outstanding balance owing to the clinic.

The clinic does not guarantee insurance reimbursement.

3. Insurance Information

Patients are responsible for providing accurate and up-to-date insurance information, including:

- Insurance company name;
- Plan or policy number;
- Member/certificate number;
- Group number, where applicable;
- Policy holder's name;
- Patient's relationship to the policy holder; and
- Any other information reasonably required to process a claim.

Patients must notify the clinic of any changes to their insurance coverage or personal information.

The clinic is not responsible for claims denied as a result of inaccurate, incomplete, expired, or outdated information provided by the patient.

4. Authorization to Direct Bill

By signing this document, I authorize the clinic and its authorized staff to submit claims for eligible chiropractic services to my insurance provider on my behalf.

I understand that this may require the clinic to provide the insurer with information necessary to process my claim, including my name, date of birth, insurance information, date of service, provider information, service codes, fees, and other information reasonably required for claim processing.

I understand that the clinic will only submit claims for services that were actually provided and documented.

5. Insurance Payment

Where permitted by my insurance provider, I authorize eligible insurance payments relating to my chiropractic services to be directed to the clinic.

I understand that insurance payment to the clinic does not eliminate my responsibility for any portion of the account that is not paid by my insurer.

I further understand that an insurance company's payment of a claim does not necessarily mean that future claims or services will be covered.

6. Co-Payments, Deductibles & Uninsured Amounts

Any amount not covered or paid by my insurance provider is my responsibility.

This may include, but is not limited to:

- Co-payments;
- Deductibles;
- Services exceeding my insurance plan's maximum allowable amount;
- Services excluded from my insurance plan;
- Amounts exceeding annual or lifetime limits;
- Amounts resulting from coordination of benefits;
- Claims denied by my insurer; and
- Any outstanding balance resulting from an insurance adjustment or reversal.

Any required patient portion is due at the time of service unless otherwise agreed upon by the clinic.

7. Insurance Coverage & Annual Limits

I understand that it is my responsibility to monitor my insurance coverage, including remaining annual limits.

The clinic may assist with submitting claims, but **the clinic cannot guarantee the accuracy of information provided by an insurance company's online portal, telephone representative, or other system regarding remaining benefits or eligibility**.

I understand that I should contact my insurance provider directly if I require confirmation of my coverage or remaining benefits.

8. Coordination of Benefits

If I have coverage through more than one insurance plan, I understand that I am responsible for providing accurate information regarding all applicable insurance plans.

I authorize the clinic to coordinate billing where permitted by my insurance providers.

I understand that coordination of benefits does not guarantee that the full cost of treatment will be reimbursed.

9. Claim Submission & Insurance Changes

The clinic will make reasonable efforts to submit eligible claims accurately and in a timely manner.

However, the clinic is not responsible for delays, technical issues, processing errors, policy changes, or decisions made by an insurance company.

If a claim cannot be processed through direct billing, the clinic may require the patient to pay the outstanding amount and provide the patient with an appropriate receipt or documentation for submission to their insurer, where applicable.

10. Accuracy & Insurance Fraud

I understand that all information provided to the clinic and my insurance company must be complete and accurate.

I agree not to request, instruct, or permit the clinic to:

- Submit a claim for a service that was not provided;
- Misrepresent the date, type, provider, or cost of a service;
- Submit the same service more than once;
- Alter information for the purpose of obtaining insurance reimbursement; or
- Submit a claim that I know to be inaccurate or misleading.

The clinic reserves the right to refuse to submit any claim that it reasonably believes would be inaccurate, misleading, improper, or contrary to applicable legislation, regulatory requirements, professional standards, or the terms of an insurance plan.

11. Receipts & Records

I understand that I may request information relating to claims submitted on my behalf, including applicable invoices and receipts, subject to applicable law and clinic procedures.

I understand that the clinic will maintain billing and health records in accordance with applicable Ontario legislation and professional requirements.

12. Cancellation or Withdrawal of Direct Billing Authorization

I may withdraw my authorization for direct billing at any time by notifying the clinic in writing.

Withdrawal of direct-billing authorization does not cancel or eliminate any outstanding balance for services already provided.

If direct billing is withdrawn or unavailable, payment for services will be the responsibility of the patient at the time of service, and the clinic may provide a receipt for the patient to submit to their insurance provider.

13. No Guarantee of Insurance Coverage

I acknowledge that:

My insurance policy is a contract between me and my insurance company. The clinic is not a party to that insurance contract and cannot guarantee payment or coverage.

I understand that I am responsible for all fees associated with chiropractic services provided to me, regardless of whether my insurance company ultimately reimburses me or pays the clinic directly.